

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746054

FILED
Jan 19, 2009
Secretary of State

Entity Name: PINE RIDGE III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

343 PINE RIDGE CIRCLE
GREENACRES CITY, FL 33463

New Principal Place of Business:

Current Mailing Address:

343 PINE RIDGE CIRCLE
GREENACRES CITY, FL 33463

New Mailing Address:

FEI Number: 59-1963457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARREIRA, MICHAEL J
331 B2 PINE RIDGE CIR
GREENACRES, FL 33463 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARREIRA, MICHAEL J
Address: 331 B2 PINE RIDGE CIR
City-St-Zip: GREENACRES, FL 33463

Title: VD () Delete
Name: ZURINSKAS, BONNIE
Address: 322 B2 PINE RIDGE CIR
City-St-Zip: GREENACRES, FL 33463

Title: TD () Delete
Name: GAUTHIER, FRANK
Address: 341 C2 PINE RIDGE CIR
City-St-Zip: GREENACRES, FL 33463

Title: S/D () Delete
Name: REDMOND, BARBARA
Address: 341 C2 PINE RIDGE CIR
City-St-Zip: GREENACRES, FL 33463

Title: D () Delete
Name: SHERIDAN, PAUL
Address: 339 C1 PINE RIDGE CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: HELIT, FRANK
Address: 336 B1 PINE RIDGE CIR
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SHERIDAN, PAUL
Address: 329 C1 PINE RIDGE CIR
City-St-Zip: GREENACRES, FL 33463

Title: TD (X) Change () Addition
Name: GAUTHIER, FRANK
Address: 321 C1 PINE RIDGE CIR
City-St-Zip: GREENACRES, FL 33463

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: D'AMICO, DAVID
Address: 303 A2 PINE RIDGE CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. CARREIRA

PD

01/19/2009

Electronic Signature of Signing Officer or Director

Date